Primary Care Services

Key Performance Indicator Metadata 2021

Audiology

1	**KPI Title**	PC129 - No. of Audiology Patients Seen
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a composite metric. It is the sum of the number of existing audiology patients seen face to face, by telephone, video and audio conferencing in the reporting month and the number of new audiology patients seen face to face, by telephone, video and audio conferencing in the reporting month. An existing patient is defined as a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments or group sessions. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-referred to the service. Each patient is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient or a new patient in the reporting month, not as both.
3	**KPI Rationale**	This metric provides information on audiology service activity and informs decisions in relation to the planning and management of staff and resource allocation.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 31,259
4a	**Target Trajectory**	N/A
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of existing audiology patients seen in the reporting month and add it to the number of new audiology patients seen in the reporting month. Each patient is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient or a new patient in the reporting month, not as both.
6	**Data Source**	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Existing audiology patients seen • New audiology patients seen
9	**Minimum Data Set MDS**	•Existing audiology patients seen • New audiology patients seen
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly Current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Audiology

1	**KPI Title**	PC108G - % of audiology patients on waiting list for treatment ≤ 52 weeks
1a	**KPI Short Title**	
2	**KPI Description**	This is a calculation of the number of new audiology patients (all age bands*) who are waiting ≤ 52 weeks to be seen by an audiologist (either in an individual or in a group environment) expressed as a proportion of the overall number of audiology patients (all wait times**) waiting for these services at the end of the reporting month, multiplied by 100. It includes all patients on the waiting list waiting ≤ 52 weeeks at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is the waiting time from referral date to treatment date that is reported. Opt in patients are included on the waiting list. If they do not respond within four weeks they are discharged and must be re-referred. This metric should not include patients overdue for review *Age bands include:• 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - ≤ 12 weeks • > 12 weeks - ≤ 26 weeks • > 26 weeks - ≤ 39 weeks • > 39 weeks - ≤ 52 weeks • > 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor audiology waiting lists and to reduce wait times for patients.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021- 75%.
4a	**Target Trajectory**	(CHO1) 75%, (CHO2) 75%, (CHO3) 75%, (CHO4) 75%, (CHO5) 75%, (CHO6) Service included in CHO9, (CHO7) 75%, (CHO8) 75%, (CHO9) 75%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of audiology patients in all age bands* on the treatment waiting list at the end of the reporting period by wait time 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the total number of audiology patients in all age bands* on the treatment waiting list at the end of the reporting period by wait time 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + > 52 weeks and multiply by 100. Numerator: The number of audiology patients (all ages) waiting to be seen by wait time 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks. Denominator: The number of audiology patients (all ages) waiting to be seen by wait time 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Audiology Patients waiting to be seen•Age bands•Wait times
9	**Minimum Data Set MDS**	•Audiology Patients waiting to be seen •Age bands•Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly Current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Audiology

1	**KPI Title**	PC108M - % of audiology patients on waiting list for treatment ≤ 12 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new audiology patients (all age bands*) who are waiting ≤ 12 weeks to be seen by an audiologist (either in an individual or in a group environment) expressed as a proportion of the overall audiology patients (all wait times**) waiting for these services at the end of the reporting month, multiplied by 100. It includes all patients on the waiting list waiting ≤ 12 weeks at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is the waiting time from referral date to treatment date that is reported. Opt in patients are included on the waiting list. If they do not respond within four weeks they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - ≤ 12 weeks • >12 weeks - ≤ 26 weeks • > 26 weeks - ≤ 39 weeks • > 39 weeks - ≤ 52 weeks • > 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor audiology waiting lists and to reduce wait times for patients.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 - 20%.
4a	**Target Trajectory**	(CHO1) 20%, (CHO2) 20%, (CHO3) 20%, (CHO4) 20%, (CHO5) 20%, (CHO6) Service included in CHO9, (CHO7) 20%, (CHO8) 20%, (CHO9) 20%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of audiology patients in all age bands* on the treatment waiting list at the end of the reporting period by wait time 0 - ≤ 12 weeks and express it as a proportion of the total number of audiology patients in all age bands on the waiting list at the end of the reporting period by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + > 52 weeks and multiply by 100. Numerator: The number of audiology patients (all ages) waiting to be seen by wait time 0 - ≤ 12 weeks. Denominator: The number of audiology patients (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team
6a	**Data Sign Off**	Chief Officer, Community Health Care Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Audiology patients waiting to be seen •Age bands •Wait times
9	**Minimum Data Set MDS**	•Audiology patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly Current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Child Health

1	**KPI Title**	PC135 - % of babies breastfed (exclusively and not exclusively) at first PHN (Public Health Nurse) Visit
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of babies seen at the first postnatal PHN visit that are breastfed (exclusively and not exclusively) expressed as a proportion of the overall number of babies seen at the first postnatal PHN visit, multiplied by 100. The following definitions, adapted from the World Health Organisation (WHO) definitions apply: Breastfeeding: The child has received breast milk (direct from the breast or expressed). Exclusive breastfeeding: The infant has received only breast milk from his / her mother, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines. Partial (not exclusive) breastfeeding: The infant receives some breastfeeds, and some artificial feeds, either milk or cereal or other foods (WHO 2003 & WHO/EURO 2001).
3	**KPI Rationale**	Increasing breastfeeding rates and duration is a Department of Health (DoH) and Health Service Executive (HSE) target. Not breastfeeding increases the risk of acute childhood illnesses and chronic diseases, with significant costs to the health service. International evidence shows that increasing breastfeeding rates results in improved health and cost savings to the health service.
3a	**Indicator Classification**	Quality and Safety
4	**National Target**	NSP 2021 - 64%.
4a	**Target Trajectory**	(CHO1) 64%, (CHO2) 64%, (CHO3) 64%, (CHO4) 64%, (CHO5) 64%, (CHO6) 64%, (CHO7) 64%, (CHO8) 64%, (CHO9) 64%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	The number of babies breastfed (exclusively and not exclusively) at the first PHN postnatal visit is divided by the total number of babies seen at the first PHN postnatal visit for the reporting period and multiplied by 100. Numerator: the number of babies breastfed (exclusively and not exclusively) at the first PHN postnatal visit in the reporting period. Denominator: the number of babies seen at the first PHN postnatal visit in the reporting period x 100.
6	**Data Source**	The data source is PHN records. Data is provided by PHNs to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Quarterly
8	**Tracer Conditions**	•Number of babies seen at first PHN post natal visit •Number of babies breastfed exclusively and not exclusively at first PHN post natal visit.
9	**Minimum Data Set MDS**	•Number of babies seen at first PHN post natal visit •Number of babies breastfed exclusively and not exclusively at first PHN post natal visit.
10	**International Comparison**	Exclusive breastfeeding for 6 months for all infants is recommended by the WHO and DoH. Thereafter once complementary foods are introduced it is recommended that breastfeeding continues for up to 2 years and beyond. Prevalence of breastfeeding at up to six months is reported in Northern Ireland, including initiation and discharge data, and data collected by health visitors at 10 days; 6 weeks; 3 months and 6 months.
11	**KPI Monitoring**	Quarterly, one quarter in arrears
12	**KPI Reporting Frequency**	Quarterly, one quarter in arrears
13	**KPI Report Period**	Quarterly in arrears. Data is reported by the 10th of the month following the end of the next quarter.
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	Carmel Brennan, Programme Manager, National Healthy Childhood Programme, 057 9359896, carmel.brennan@hse.ie
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Dr. Kevin Kelleher, Assistant National Director, Office of Chief Clinical Officer Public Health and Child Health, Yvonne O Neill, National Director Community Operations, Health Service Executive

Child Health

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1	**KPI Title**	PC136 - % of babies breastfed (exclusively and not exclusively) at 3 month PHN (Public Health Nurse) visit
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of babies seen at the three month PHN developmental check visit that are breastfed (exclusively and not exclusively) expressed as a proportion of the overall number of babies seen at the three month PHN developmental check visit, multiplied by 100. The following definitions, adapted from the World Health Organisation (WHO) definitions apply: Breastfeeding: the child has received breast milk (direct from the breast or expressed). Exclusive breastfeeding: the infant has received only breast milk from his/her mother, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines. Partial (not exclusive) breastfeeding: the infant receives some breastfeeds, and some artificial feeds, either milk or cereal or other foods (WHO 2003 & WHO/EURO 2001).
3	**KPI Rationale**	Increasing breastfeeding rates and duration is a Department of Health (DoH) and Health Service Executive (HSE) target. Not breastfeeding increases the risk of acute childhood illnesses and chronic diseases, with significant costs to the health service. International evidence show that increasing breastfeeding rates results in improved health and cost savings to the health service.
3a	**Indicator Classification**	Quality and Safety
4	**National Target**	NSP 2021 - 46%
4a	**Target Trajectory**	(CHO1) 46%, (CHO2) 46%, (CHO3) 46%, (CHO4) 46%, (CHO5) 46%, (CHO6) 46% (CHO7) 46%, (CHO8) 46% (CHO9) 46%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	The number of babies breastfed (exclusively and not exclusively) at the three month PHN developmental check visit is divided by the total number of babies seen at the three month PHN developmental check visit and multiplied by 100. Numerator: the number of babies breastfed (exclusively and not exclusively) at the three month PHN developmental check visit. Denominator: the number of babies seen at the three month PHN developmental check visit in the reporting period x 100.
6	**Data Source**	The data source is PHN records. Data is provided by PHNs to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Quarterly
8	**Tracer Conditions**	Number of babies seen at the three month PHN developmental check visit •Number of babies breastfed exclusively and not exclusively at the three month PHN developmental check visit.
9	**Minimum Data Set MDS**	Number of babies seen at the three month PHN developmental check visit •Number of babies breastfeed exclusively and not exclusively at the three month PHN developmental check visit.
10	**International Comparison**	Exclusive breastfeeding for 6 months for all infants is recommended by the WHO and the DoH. Thereafter, once complementary foods are introduced it is recommended that breastfeeding continues for up to 2 years or beyond. Prevalence of breastfeeding at up to 6 months is reported in Northern Ireland, including initiation and discharge data and data collected by health visitors at 10 days; 6 weeks; 3 months and 6 months.
11	**KPI Monitoring**	Quarterly, one quarter in arrears
12	**KPI Reporting Frequency**	Quarterly, one quarter in arrears
13	**KPI Report Period**	Quarterly in arrears. Data is reported by the 10th of the month following the end of the next quarter.
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Report / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	Carmel Brennan, Programme Manager, National Healthy Childhood Programme, 057 9359896, carmel.brennan@hse.ie
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Dr. Kevin Kelleher, Assistant National Director, Office of Chief Clinical Officer Public Health and Child Health, Yvonne O Neill, National Director Community Operations, Health Service Executive

Child Health

1	**KPI Title**	PC143 - % of babies breastfed exclusively at first PHN Visit
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of babies seen at the first PHN postnatal visit that are breastfed exclusively expressed as a proportion of the overall number of babies seen at the first PHN postnatal visit, multiplied by 100. The following definitions, adapted from the Word Health Organisation (WHO) definitions apply: Breastfeeding: The child has received breast milk (direct from the breast or expressed). Exclusive breastfeeding: The infant has received only breast milk from his / her mother, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines. (WHO 2003 & WHO/EURO 2001).
3	**KPI Rationale**	Increasing breastfeeding rates and duration is a Department of Health (DoH) and Health Service Executive (HSE) target. Not breastfeeding increases the risk of acute childhood illnesses and chronic diseases, with significant costs to the health service. International evidence shows that increasing breastfeeding rates results in improved health and cost savings to the health service.
3a	**Indicator Classification**	Quality and Safety
4	**National Target**	NSP 2021 - 50%
4a	**Target Trajectory**	(CHO1) 50%, (CHO2) 50%, (CHO3) 50%, (CHO4) 50%, (CHO5) 50%, (CHO6) 50% (CHO7) 50%, (CHO8) 50%, (CHO9) 50%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	The number of babies breastfed exclusively at the first PHN postnatal visit is divided by the total number of babies seen at the first PHN postnatal visit for the reporting period and multiplied by 100. Numerator: the number of babies breastfed exclusively at the first PHN postnatal visit in the reporting period. Denominator: the number of babies seen at the first PHN postnatal visit in the reporting period x 100.
6	**Data Source**	The data source is PHN records. Data is provided by PHNs to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	There is 100% coverage of this data across all LHOs.
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	• Number of babies seen at first PHN post natal visit • Number of babies breastfed exclusively at the first PHN post natal visit
9	**Minimum Data Set MDS**	• Number of babies seen at the first PHN post natal visit • Number of babies breastfed exclusively at the first PHN post natal visit
10	**International Comparison**	Exclusive breastfeeding for 6 months for all infants is recommended by the WHO and the DoH. Thereafter once complementary foods are introduced it is recommended that breastfeeding continues for up to two years and beyond. Prevalence of breastfeeding at up to six months is reported in Northern Ireland, including initiation and discharge data, and data collected by health visitors at 10 days; 6 weeks; 3 months and 6 months.
11	**KPI Monitoring**	Quarterly, one quarter in arrears
12	**KPI Reporting Frequency**	Quarterly, one quarter in arrears
13	**KPI Report Period**	Quarterly one quarter in arrears. Data is reported by the 10th of the month following the end of the next quarter.
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	Carmel Brennan, Programme Manager, National Healthy Childhood Programme, 057 9359896, carmel.brennan@hse.ie
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Dr. Kevin Kelleher, Assistant National Director, Office of Chief Clinical Officer Public Health and Child Health, Yvonne O Neill, National Director Community Operations, Health Service Executive

Child Health

1	**KPI Title**	PC144 - % of babies breastfed exclusively at three month PHN Visit
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of babies seen at the three month PHN development check visit that are breastfed exclusively expressed as a proportion of the overall number of babies seen at the three month PHN development check visit multiplied by 100. The following definitions, adapted from the World Health Organisation (WHO) definitions apply: Breastfeeding: The child has received breast milk (direct from the breast or expressed). Exclusive breastfeeding: The infant has received only breast milk from his / her mother, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines. (WHO 2003 & WHO/EURO 2001).
3	**KPI Rationale**	Increasing breastfeeding rates and duration is a Department of Health (DoH) and Health Service Executive (HSE) target. Not breastfeeding increases the risk of acute childhood illnesses and chronic diseases, with significant costs to the health service. International evidence shows that increasing breastfeeding rates results in improved health and cost savings to the health service.
3a	**Indicator Classification**	Quality and Safety
4	**National Target**	NSP 2021 - 32%.
4a	**Target Trajectory**	(CHO1) 32%, (CHO2) 32%, (CHO3) 32%, (CHO4) 32%, (CHO5) 32%, (CHO6) 32%, (CHO7) 32%, (CHO8) 32%, (CHO9) 32%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	The number of babies breastfed exclusively at the three month PHN development check visit is divided by the total number of babies seen at the three month PHN development check visit for the reporting period and multiplied by 100. Numerator: the number of babies breastfed exclusively at the three month PHN development check visit in the reporting period. Denominator: the number of babies seen at the three month PHN development check visit in the reporting period x 100.
6	**Data Source**	The data source is PHN records. Data is provided by PHNs to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Quarterly
8	**Tracer Conditions**	• Number of babies seen at three month PHN development check visit • Number of babies breastfeeding exclusively at three month PHN development check visit
9	**Minimum Data Set MDS**	• Number of babies seen at three month PHN development check visit • Number of babies breastfeeding exclusively at three month PHN development check visit
10	**International Comparison**	Exclusive breastfeeding for 6 months for all infants is recommended by the WHO and the DoH. Thereafter once complementary foods are introduced it is recommended that breastfeeding continues for up to two years and beyond. Prevalence of breastfeeding at up to six months is reported in Northern Ireland, including initiation and discharge data, and data collected by health visitors at 10 days; 6 weeks; 3 months and 6 months.
11	**KPI Monitoring**	Quarterly, one quarter in arrears
12	**KPI Reporting Frequency**	Quarterly, one quarter in arrears
13	**KPI Report Period**	Quarterly one quarter in arrears. Data is reported by the 10th of the month following the end of the next quarter.
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	Carmel Brennan, Programme Manager, National Healthy Childhood Programme, 057 9359896, carmel.brennan@hse.ie
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Dr. Kevin Kelleher, Assistant National Director, Office of Chief Clinical Officer Public Health and Child Health, Yvonne O Neill, National Director Community Operations, Health Service Executive

Child Health

1	**KPI Title**	PC153 - % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age
1a	**KPI Short Title**	Children under 1 child health and developmental assessment on time
2	**KPI Description**	This is a calculation of the number of children who by reaching 12 months of age in the reporting period have had their 9-11 months health and development assessment by a Public Health Nurse or Area Medical Officer (AMO) expressed as a proportion of all of the children reaching 12 months of age during the reporting period, multiplied by 100.
3	**KPI Rationale**	Developmental surveillance is a procedure designed to identify children who should receive more intensive assessment or diagnosis, for potential developmental delays or physical defects (e.g. strabismus; undescended testes). It can allow for earlier detection of delays and improve child health and well-being outcomes for identified children. It is recommended by the Developmental Surveillance Subgroup of the National Steering Group for the Revised Child Health Programme and based on the latest evidence on developmental surveillance, that the timeframe for the provision of this child health contact change from 7 to 9 months to 9 to 11 months.
3a	**Indicator Classification**	Quality and Safety
4	**National Target**	NSP 2021 - 95%.
4a	**Target Trajectory**	(CHO1) 95%, (CHO2) 95%, (CHO3) 95%, (CHO4) 95%, (CHO5) 95%, (CHO6) 95%, (CHO7) 95%, (CHO8) 95%, (CHO9) 95%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	The number of babies having a health and development assessment completed by 12 months of age in the reporting period is divided by the number of babies reaching 12 months of age in the reporting period and multiplied by 100 e.g. CHO had 89 babies who completed assessment, with 108 babies reaching 12 months of age in the reporting period, the percentage is calculated as: 89 / 108 x 100 = 82%.
6	**Data Source**	Data is provided by PHNs to the Director of Public Health Nursing (DPHN), AMOs / Senior Area Medical Officers (SAMO) to the Principal Medical Officer (PMO), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•The total number of babies reaching 12 months of age during the reporting period.•The number of babies reaching 12 months of age during the reporting period who have had their 9 -11 month health and development assessment before reaching 12 months of age.
9	**Minimum Data Set MDS**	•The total number of babies reaching 12 months of age during the reporting period.•The number of babies reaching 12 months of age during the reporting period who have had their 9-11 month health and development assessment before reaching 12 months of age.
10	**International Comparison**	PHN's conduct development health screening as recommended by the Child Health Screening & Surveillance Programme (CHSS).
11	**KPI Monitoring**	Monthly in arrears
12	**KPI Reporting Frequency**	Monthly in arrears
13	**KPI Report Period**	Monthly one month in arrears i.e data is reported by the 10th of the month following the end of the next month e.g. June data reported in August.
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile/ Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	Carmel Brennan, Programme Manager, National Healthy Childhood Programme, 057 9359896, carmel.brennan@hse.ie
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Dr. Kevin Kelleher, Assistant National Director, Office of Chief Clinical Officer Public Health and Child Health, Yvonne O Neill, National Director Community Operations, Health Service Executive

Child Health

1	**KPI Title**	PC133 - % of newborn babies visited by a PHN (Public Health Nurse) within 72 hours of discharge from maternity services.
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new born babies visited by a PHN for the first time within 72 hours of discharge from maternity services expressed as a proportion of the overall number of newborn babies discharged from maternity services in the reporting period, multiplied by 100. A new born baby is defined as a baby who has been discharged from (i) in-patient maternity services (ii) Domino Service (iii) Early Transfer Home Scheme and (iv) Home Birth Services.
3	**KPI Rationale**	This data underpins PHN roles in supporting mother and baby and in health promotion. In particular a timely PHN visit supports breastfeeding, a core element of post-natal support.
3a	**Indicator Classification**	Quality and Safety
4	**National Target**	NSP 2021 Target National - 99%.
4a	**Target Trajectory**	(CHO1) 99%, (CHO2) 99%, (CHO3) 99%, (CHO4) 99%, (CHO5) 99%, (CHO6) 99%, (CHO7) 99%, (CHO8) 99%, (CHO9) 99%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	The number of new born babies visited by a PHN within 72 hours of discharge from (i) in-patient maternity services (ii) Domino Service (iii) Early Transfer Home Scheme and (iv) Home Birth Services is divided by the total number of newborn babies discharged from (i) in-patient maternity services (ii) Domino Service (iii) Early Transfer Home Scheme and (iv) Home Birth Services during the reporting period and multiplied by 100. Numerator: Number of newborn babies visited by a PHN within 72 hours of discharge from (i) in-patient maternity services (ii) Domino Service (iii) Early Transfer Home Scheme and (iv) Home Birth Services during the reporting period. Denominator: Number of newborn babies discharged from (i) in-patient maternity services (ii) Domino Service (iii) Early Transfer Home Scheme and (iv) Home Birth Services during the reporting period x 100. (e.g. CHO has 369 babies discharged, 367 received a PHN Visit within 72 hours therefore 367 / 369 x 100%= 99%).
6	**Data Source**	Data is provided by PHNs / Community Midwives to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Quarterly
8	**Tracer Conditions**	•The total number of newborn babies discharged for the first time from (i) in-patient maternity services (ii) Domino Service (iii) Early Transfer Home Scheme and (iv) Home Birth Services during the reporting period •Number of newborn babies visited by a PHN within 72 hours of discharge from (i) in-patient maternity services (ii) Domino Service (iii) Early Transfer Home Scheme and (iv) Home Birth Services during the reporting period.
9	**Minimum Data Set MDS**	•The total number of newborn babies discharged for the first time from (i) in-patient maternity services (ii) Domino Service (iii) Early Transfer Home Scheme and (iv) Home Birth Services during the reporting period •Number of newborn babies visited by a PHN within 72 hours of discharge from (i) in-patient maternity services (ii) Domino Service (iii) Early Transfer Home Scheme and (iv) Home Birth Services during the reporting period
10	**International Comparison**	Community health services to mothers and babies are not standard or comparable across countries. Most other countries have a separate dedicated service that provides maternal and child health services alone and are thus able to achieve much more intensive visits and medical check for babies, young children and their mothers / families. WHO / UNICEF advocate timely, appropriate and accessible community health service support for new mothers and babies.
11	**KPI Monitoring**	Quarterly
12	**KPI Reporting Frequency**	Quarterly
13	**KPI Report Period**	Quarterly current i.e. data reported by the 10th of the month following the end of the quarter.
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Report / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	Carmel Brennan, Programme Manager, National Healthy Childhood Programme, 057 9359896, carmel.brennan@hse.ie
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Dr. Kevin Kelleher, Assistant National Director, Office of Chief Clinical Officer Public Health and Child Health, Yvonne O Neill, National Director Community Operations, Health Service Executive

Community Intervention Teams

1	**KPI Title**	PC123 - Community Intervention Teams (Total No. of CIT referrals)
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a count of the number of referrals accepted by the Community Intervention Teams (CITs) in the reporting month. Referrals accepted must be recorded per patient, and should be allocated to one referral source only.
3	**KPI Rationale**	This metric allows the number of referrals accepted by CITs in the reporting month to be recorded and monitored.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 59,919
4a	**Target Trajectory**	(CHO1) 7,279 (CHO2) 6,634 (CHO3) 7,823 (CHO4) 6,347 (CHO5) 9,356 (CHO6) 1,320 (CHO7) 8,322 (CHO8) 7,258 (CHO9) 5,580
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of referrals accepted by CITs in the reporting month.
6	**Data Source**	CITs
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	CIT referrals accepted in the reporting month
9	**Minimum Data Set MDS**	CIT referrals accepted in the reporting month
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO / CIT
15	**KPI is reported in which reports?**	Performance Report / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Dietetics

1	**KPI Title**	PC130 - No. of Dietetics Patients Seen
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a composite metric. It is the sum of the number of existing dietetic patients seen face to face, by telephone, video and audio conferencing in the reporting month and the number of new dietetic patients seen face to face, by telephone, video and audio conferencing in the reporting month. An existing patient is defined as a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments or group sessions. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-referred to the service. Each patient is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient or a new patient in the reporting month, not as both.
3	**KPI Rationale**	This metric provides information on dietetic service activity and informs decisions in relation to the planning and management of staff and resource allocation.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 68,640
4a	**Target Trajectory**	N/A
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of existing dietetic patients seen in the reporting month and add it to the number of new dietetic patients seen in the reporting month. Each patient is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient or a new patient in the reporting month, not as both.
6	**Data Source**	Patient records, Dietitian Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Existing dietetic patients seen • New dietetic patients seen
9	**Minimum Data Set MDS**	•Existing dietetic patients seen • New dietetic patients seen
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Dietetics

1	**KPI Title**	PC109G - % of dietetic patients on waiting list for treatment ≤ 52 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new dietetic patients (all age bands*) who are waiting ≤ 52 weeks to be seen by a dietitian (either in an individual or in a group environment) expressed as a proportion of the overall number of dietetic patients (all wait times**) waiting for these services at the end of the reporting month, multiplied by 100. It includes all patients on the waiting list waiting ≤ 52 weeeks at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is the waiting time from referral date to treatment date that is reported. Opt in patients are included on the waiting list. If they do not respond within four weeks they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include:• 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - ≤ 12 weeks • >12 weeks - ≤ 26 weeks • >26 weeks - ≤ 39 weeks • >39 weeks - ≤ 52 weeks • > 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor dietetic waiting lists and reduce wait times for patients.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 Target - 80%
4a	**Target Trajectory**	(CHO1) 80%, (CHO2) 80%, (CHO3) 80%, (CHO4) 80%, (CHO5) 80%, (CHO6) 80% (CHO7) 80%, (CHO8) 80% (CHO9) 80%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of dietetic patients in all age bands* on the treatment waiting list at the end of the reporting period by wait time 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the total number of dietetic patients in all age bands* on the treatment waiting list at the end of the reporting period by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + > 52 weeks and multiply by 100. Numerator: The number of dietetic patients (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + > 39 weeks - ≤ 52 weeks. Denominator: The number of dietetic patients (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + > 12 weeks - ≤ 26 weeks + > 26 weeks - ≤ 39 weeks + > 39 weeks - ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Patient records, Dietitian Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Dietetic patients waiting to be seen •Age bands •Wait times
9	**Minimum Data Set MDS**	•Dietetic patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Dietetics

#	Field	Value
1	**KPI Title**	PC109M - % of dietetic patients on waiting list for treatment ≤ 12 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new dietetic patients (all age bands*) who are waiting ≤ 12 weeks to be seen by a dietitian (either in an individual or in a group environment) expressed as a proportion of the overall number of dietetic patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list waiting ≤ 12 weeks at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is the waiting time from referral date to treatment date that is reported. Opt in patients are included on the waiting list. If they do not respond within four weeks they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - ≤ 12 weeks • >12 weeks - ≤ 26 weeks • >26 weeks - ≤ 39 weeks • >39 weeks - ≤ 52 weeks • > 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor dietetic waiting lists and reduce wait times for patients.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 - 40%
4a	**Target Trajectory**	(CHO1) 40%, (CHO2) 40%, (CHO3) 40%, (CHO4) 40%, (CHO5) 40%, (CHO6) 40%, (CHO7) 40%, (CHO8) 40%, (CHO9) 40%.
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of dietetic patients in all age bands* on the treatment waiting list at the end of the reporting period by wait time 0 - ≤ 12 weeks and express it as a proportion of the total number of dietetic patients in all age bands* on the treatment waiting list at the end of the reporting period by wait times 0 ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of dietetic patients (all ages) waiting to be seen by wait time 0 - ≤ 12 weeks. Denominator: The number of dietetic patients (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + > 12 weeks - ≤ 26 weeks + > 26 weeks - ≤ 39 weeks + > 39 weeks - ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Patient records, Dietitian Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Dietetic patients waiting to be seen •Age bands •Wait times
9	**Minimum Data Set MDS**	•Dietetic patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

GP OUT OF HOURS

#	Field	Value
1	**KPI Title**	PC11 - No. of contacts with GP Out of Hours Services
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a count of the total number of contacts (by category*) made by patients with GP Out of Hours Services (excluding reduced hour services from 6pm-10pm and at weekends) during the reporting month. * Categories include: • triage only • treatment centers • home visits • other which refers to contacts where callers are seeking information, and are not triaged by a clinician.
3	**KPI Rationale**	To capture the number of contacts made by patients with GP Out of Hours Services nationally in order to monitor activity and service pressures.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 922,094
4a	**Target Trajectory**	N/A
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of contacts (all categories*) made by patients with GP Out of Hours Services (excluding contacts with reduced hour services from 6pm-10pm and at weekends) during the reporting month.
6	**Data Source**	GP Out of Hours Services, and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No known data quality issues.
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	Contacts (all categories and ages) with GP Out of Hours Services during the reporting month.
9	**Minimum Data Set MDS**	Contacts (all categories and ages) with GP Out of Hours Services during the reporting month.
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (e.g. monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / GP Out of Hours Service
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Health Amendment Act

1	**KPI Title**	PC119 - No. of Health Amendment Act cardholders who were reviewed
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a count of the number of Health Amendment Act (HAA) 1996 cardholders who had their health needs reviewed during the reporting period. Individuals who contracted Hepatitis C from the administration within the state of contaminated blood or blood products and hold a HAA card are entitled to a range of services including General Practitioner services, all prescribed drugs, medicines and appliances, dental and ophthalmic services, home support, home nursing, counselling services and other services without charge. HAA cardholders have their health needs reviewed to ensure that adequate service responses are in place to address their needs.
3	**KPI Rationale**	Regular review of health needs ensures that adequate service responses are in place for HAA cardholders and that any changes in needs are addressed in collaboration with the individual cardholder.
3a	**Indicator Classification**	Quality and Safety
4	**National Target**	NSP 2021 National Target - 224.
4a	**Target Trajectory**	(CHO1) 16, (CHO2) 16, (CHO3) 16, (CHO4) 16, (CHO5) 16, (CHO6) 40, (CHO7) 40, (CHO8) 16, (CHO9) 48
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of HAA cardholders who were reviewed during the reporting quarter.
6	**Data Source**	Hepatitis C Liaison Officers, Hepatitis C Nurses, Hepatitis C National Coordinator and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Quarterly
8	**Tracer Conditions**	HAA Cardholders who were reviewed
9	**Minimum Data Set MDS**	HAA Cardholders who were reviewed
10	**International Comparison**	No
11	**KPI Monitoring**	Quarterly
12	**KPI Reporting Frequency**	Quarterly
13	**KPI Report Period**	Quarterly current (data reported for each quarter by the 10th of the month following the end of the quarter)
14	**KPI Reporting Aggregation**	National / CHO
15	**KPI is reported in which reports?**	Performance Report / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Antibiotics

1	**KPI Title**	PC102 - Consumption of antibiotics in community settings (defined daily doses per 1,000 population per day based on wholesaler to community pharmacy sales - not prescription level data)
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the rate of consumption of antibiotics in the ambulatory (non-hospital) setting where the monthly rate is reported as defined daily doses (DDD) per 1,000 population per day (DID).
3	**KPI Rationale**	Community antibiotic use is strongly linked to antimicrobial resistance, which is a major public health threat.
3a	**Indicator Classification**	Quality and Safety
4	**National Target**	NSP 2021 National Target <22
4a	**Target Trajectory**	N/A
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Monthly rate reported as defined daily doses (DDD) per 1,000 population per day (DID) Numerator data: Aggregate data on wholesale supply of systemic antimicrobials to community pharmacies, purchased from IMS Health Inc. (Accounts for at least 95% of community antibiotic sales. Prescription level data not available). Denominator data: CSO census data. Other data: Updated ATC coding and DDD definitions from World Health Organisation (WHO) which can impact on interpretation of results.
6	**Data Source**	The Health Protection Surveillance Centre (HPSC) coordinates the publication of this data.
6a	**Data Sign Off**	HPSC Consultant
6b	**Data Quality Issues**	Changes to ATC coding and DDD definitions from WHO can impact on interpretation of results. Does not represent prescription level data.
7	**Data Collection Frequency**	Quarterly
8	**Tracer Conditions**	Data supply from IMS Health Inc.
9	**Minimum Data Set MDS**	Quarterly data supply from IMS Health Inc.
10	**International Comparison**	Uses WHO-approved methodology. Part of Europe-wide standardised surveillance programme (European Surveillance of Antimicrobial Consumption (ESAC) network). National data from all participating European countries available for comparison.
11	**KPI Monitoring**	Quarterly
12	**KPI Reporting Frequency**	Quarterly 1 Q in arrears
13	**KPI Report Period**	Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	National
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	https://www.hpsc.ie
17	**Additional Information**	Reports on community antibiotic consumption for participating European countries available at www.ecdc.eu
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Nursing

1	**KPI Title**	PC132 - No. of Nursing Patients Seen
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a composite metric. It is the sum of the number of existing nursing patients on the Public Health Nurse (PHN) caseload who were seen face to face, by telephone, video and audio conferencing in the reporting month and the number of new patients seen face to face, by telephone, video and audio conferencing in the reporting month. An existing patient is a patient who is currently in receipt of a PHN service from a PHN / Community Registered General Nurse (CRGN) / Health Care Assistant (HCA). It does not include children seen under the core Child Health Screening and Surveillance Programme. A new patient is defined as a patient who is not currently known to the service and is seen for the first time face to face, by telephone, video and audio conferencing in this episode of care including patients re-referred to the service (previously discharged). It does not include children seen under the core Child Health Screening and Surveillance Programme. Each patient is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient or a new patient in the reporting month, not as both.
3	**KPI Rationale**	This metric provides information on community nursing service activity and informs decisions in relation to the planning and management of staff and resource allocation.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 474,366.
4a	**Target Trajectory**	N/A
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of existing nursing patients on the caseload seen face to face, by telephone, video and audio conferencing by the PHN / CRGN / HCA in the reporting month and add it to the number of new nursing patients, seen face to face, by telephone, video and audio conferencing in the reporting month. Each patient is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient or a new patient in the reporting month, not as both.
6	**Data Source**	PHNs to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	N/A
7	**Data Collection Frequency**	Monthly in arrears
8	**Tracer Conditions**	• Existing nursing patients on the caseload seen •New nursing patients seen
9	**Minimum Data Set MDS**	• Existing nursing patients on the caseload seen •New nursing patients seen
10	**International Comparison**	N/A
11	**KPI Monitoring**	Monthly in arrears
12	**KPI Reporting Frequency**	Monthly in arrears
13	**KPI Report Period**	Monthly in arrears i.e data is reported by the 10th of the month following the end of the next month e.g. June data reported in August.
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Nursing

#		
1	**KPI Title**	PC110A - % of new Nursing patients accepted onto the Nursing caseload and seen within 12 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new nursing patients who have been accepted onto the Public Health Nurse (PHN) caseload and seen in the previous 12 weeks (three calendar months) expressed as a proportion of the overall number of new patients accepted onto the nursing caseload in the previous 12 weeks (three calendar months), multiplied by 100.
3	**KPI Rationale**	Timely access to primary care nursing services is essential to ensure best patient outcomes. This metric allows for monitoring of patients who receive this service within 12 weeks (three calendar months) of acceptance onto the PHN caseload.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 - 100%.
4a	**Target Trajectory**	(CHO1) 100%, (CHO2) 100%, (CHO3) 100%, (CHO4) 100%, (CHO5) 100%, (CHO6) 100%, (CHO7) 100%, (CHO8) 100%, (CHO9) 100%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of new nursing patients who have been accepted onto the PHN caseload and have been seen by the PHN / Community Registered General Nurse (CRGN) in the previous 12 weeks (three calendar months) and express it as a proportion of the overall number of new patients accepted onto the PHN caseload in the previous 12 weeks (three calendar months) and multiply by 100. Numerator: the number of new patients who have been accepted onto the PHN caseload and have been seen by the PHN / CRGN in the previous 12 weeks (three calendar months). Denominator: the overall number of new patients accepted onto the PHN caseload in the previous 12 weeks (three calendar months) x 100.
6	**Data Source**	PHNs to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	N/A
7	**Data Collection Frequency**	Monthly in arrears
8	**Tracer Conditions**	•New nursing patients accepted onto the PHN caseload and seen in the previous 12 weeks (three calendar months) •Total number of new nursing patients accepted onto the PHN caseload in the previous 12 weeks (three calendar months)
9	**Minimum Data Set MDS**	•New nursing patients accepted onto the PHN caseload and seen in the previous 12 weeks (three calendar months) •Total number of new nursing patients accepted onto the PHN caseload in the previous 12 weeks (three calendar months)
10	**International Comparison**	N/A
11	**KPI Monitoring**	Monthly in arrears
12	**KPI Reporting Frequency**	Monthly in arrears
13	**KPI Report Period**	Monthly in arrears i.e data is reported by the 10th of the month following the end of the next month e.g. June data reported in August.
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Occupational Therapy

1	**KPI Title**	PC124 - No. of Occupational Therapy Patients Seen
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a composite metric. It is the sum of the number of new occupational therapy service users (clients) seen seen face to face, by telephone, video and audio conference for a first time assessment in the reporting month and the number of occupational therapy service users (clients) treated in the reporting month i.e.occupational therapy service users (clients) who received a 1:1 direct service in person or via telephone, video and audio conferencing or an indirect intervention only.
3	**KPI Rationale**	This metric provides information on occupational therapy service activity and informs decisions in relation to the planning and management of staff and resource allocation.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 389,256.
4a	**Target Trajectory**	N/A
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of occupational therapy service users (clients) seen for a first time assessment in the reporting period and add it to the number of service users (clients) treated (i.e. Occupational therapy service users (clients) who received a 1:1 direct or an indirect service only) in the reporting period.
6	**Data Source**	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	• New occupational therapy service users (clients) seen for a first assessment • Occupational therapy service users (clients) who received a 1:1 direct or an indirect service only
9	**Minimum Data Set MDS**	•New occupational therapy service users (clients) seen for a first assessment •Occupational therapy service users (clients) who received a 1:1 direct or an indirect service only
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Occupational Therapy

1	**KPI Title**	PC20B - % of new occupational therapy service users seen for assessment within 12 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new occupational therapy service users (clients) (all age bands*) seen for a first time assessment in the reporting period who were seen within 12 weeks of referral expressed as a proportion of the overall number of occupational therapy service users (clients) (all age bands*) seen for assessment (all wait times**) in the reporting period, multiplied by 100. *Age bands include: • 0 - 4 years 11 months, • 5 -17 years 11 months, • 18 - 64 years 11 months, • 65 years and over. Wait times include: • 0 - ≤ 12 weeks • >12 weeks - ≤ 26 weeks • >26 weeks - ≤ 39 weeks • >39 weeks - ≤ 52 weeks • >52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor occupational therapy waiting lists and to provide information to target actions to be taken to reduce wait times for service users (clients).
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 - 71%.
4a	**Target Trajectory**	(CHO1) 71%, (CHO2) 71%, (CHO3) 71%, (CHO4) 71%, (CHO5) 71%, (CHO6) 71%, (CHO7) 71%, (CHO8) 71%, (CHO9) 71%.
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	The number of new occupational therapy service users (clients) (all age bands*) seen for first time assessment in the reporting period by wait time 0 ≤ 12 weeks is expressed as a proportion of the overall number of new occupational therapy service users (clients) (all age bands*) seen for first time assessment in the reporting period (all wait times**), multiplied by 100. Numerator: Number of new occupational therapy service users (clients) seen for a first time assessment in the reporting period by wait time 0 - ≤ 12 weeks. Denominator: Total number of new occupational therapy service users (clients) (all ages) seen for first time assessment in the reporting period by wait times 0 - ≤ 12 weeks- ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks- ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	• New occupational therapy service users (clients) seen • Wait times
9	**Minimum Data Set MDS**	• New occupational therapy service users (clients) seen • Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Occupational Therapy

1	**KPI Title**	PC101G - % of occupational therapy service users on waiting list for assessment ≤ 52 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new occupational therapy service users (clients) (all age bands*) who are waiting ≤ 52 weeks to be seen by an occupational therapist expressed as a proportion of the overall number of occupational therapy service users (clients) (all age bands*) waiting to be seen (all wait times**) at the end of the reporting month, multiplied by 100. *Age bands include: • 0 - 4 years 11 months • 5 - 17 years 11 months • 18 - 64 years 11 months • 65 years and over. **Wait times include:• 0 - ≤ 12 weeks • > 12 weeks - ≤ 26 weeks • > 26 weeks - ≤ 39 weeks • > 39 weeks - ≤ 52 weeks • > 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor occupational therapy waiting lists and to provide information to target actions to be taken to reduce wait times for service users (clients).
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 - 95%.
4a	**Target Trajectory**	(CHO1) 95%, (CHO2) 95%, (CHO3) 95%, (CHO4) 95%, (CHO5) 95%, (CHO6) 95%, (CHO7) 95%, (CHO8) 95%, (CHO9) 95%.
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of occupational therapy service users (clients) in all age bands* on the assessment waiting list at the end of the reporting period by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the overall number of occupational therapy service users (clients) in all age bands* on the assessment waiting list at the end of the reporting period by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + > 26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + > 52 weeks and multiply by 100. Numerator: The number of occupational therapy service users (clients) (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + > 39 weeks - ≤ 52 weeks. Denominator: The number of occupational therapy service users (clients) (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Occupational therapy service users (clients) waiting for assessment •Wait times
9	**Minimum Data Set MDS**	•Occupational therapy service users (clients) waiting for assessment •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Ophthalmology

#	Field	Value
1	**KPI Title**	PC128 - No. of Ophthalmology Patients Seen
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a composite metric. It is the sum of the number of existing ophthalmology patients seen face to face, by telephone, video and audio conferencing in the reporting month and the number of new ophthalmology patients seen face to face, by telephone, video and audio conferencing in the reporting month. An existing patient is defined as a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-referred to the service. Each patient is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient or a new patient in the reporting month, not as both.
3	**KPI Rationale**	This metric provides information on ophthalmology service activity and informs decisions in relation to the planning and management of staff and resource allocation.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 46,980.
4a	**Target Trajectory**	N/A
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of existing ophthalmology patients seen in the reporting month and add it to the number of new ophthalmology patients seen in the reporting month. Each patient is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient or a new patient in the reporting month, not as both.
6	**Data Source**	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Existing ophthalmology patients seen • New ophthalmology patients seen
9	**Minimum Data Set MDS**	•Existing ophthalmology patients seen • New ophthalmology patients seen
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Ophthalmology

1	**KPI Title**	PC107G - % of ophthalmology patients on waiting list for treatment ≤ 52 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new ophthalmology patients (all age bands*) who are waiting ≤ 52 weeks to be seen expressed as a proportion of the overall number of ophthalmology patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list waiting ≤ 52 weeeks at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is the waiting time from referral date to treatment date that is reported. Opt in patients are included on the waiting list. If they do not respond within four weeks they are discharged and must be re-referred. This metric should not include patients overdue for review.*Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include:• 0 - ≤ 12 weeks • > 12 weeks - ≤ 26 weeks • > 26 weeks - ≤ 39 weeks • > 39 weeks - ≤ 52 weeks • > 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor ophthalmology waiting lists and reduce wait times for patients
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 - 64%.
4a	**Target Trajectory**	(CHO1) 64%, (CHO2) 64%, (CHO3) 64%, (CHO4) 64%, (CHO5) 64%, (CHO6) 64%, (CHO7) 64%, (CHO8) 64%, (CHO9) 64%.
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of ophthalmology patients in all age bands* on the treatment waiting list at the end of the reporting period by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the total number of ophthalmology patients in all age bands* on the treatment waiting list at the end of the reporting period by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of ophthalmology patients (all ages) waiting to be seen by wait times 0 -≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks. Denominator: The number of ophthalmology patients (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + > 26 weeks - ≤ 39 weeks + > 39 weeks - ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Ophthalmology patients waiting to be seen •Age bands •Wait times
9	**Minimum Data Set MDS**	•Ophthalmology patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Ophthalmology

1	**KPI Title**	PC107M - % of ophthalmology patients on waiting list for treatment ≤ 12 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new ophthalmology patients (all age bands*) who are waiting ≤ 12 weeks to be seen expressed as a proportion of the overall number of ophthalmology patients (all wait times**) waiting for these services at the end of the reporting month, multiplied by 100. It includes all patients on the waiting list waiting ≤ 12 weeks at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is the waiting time from referral date to treatment date that is reported. Opt in patients are included on the waiting list. If they do not respond within four weeks they are discharged and must be re-referred. This metric should not include patients overdue for review.*Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - ≤ 12 weeks • >12 weeks - ≤ 26 weeks • > 26 weeks - ≤ 39 weeks • > 39 weeks - ≤ 52 weeks • > 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor ophthalmology waiting lists and reduce wait times for patients.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 - 19%.
4a	**Target Trajectory**	(CHO1) 19%, (CHO2) 19%, (CHO3) 19%, (CHO4) 19%, (CHO5)19%, (CHO6) 19%, (CHO7) 19%, (CHO8) 19%, (CHO9) 19%.
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of ophthalmology patients in all age bands* on the treatment waiting list at the end of the reporting period by wait time 0 - ≤ 12 weeks and express it as a proportion of the total number of ophthalmology patients in all age bands* on the treatment waiting list at the end of the reporting period by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of ophthalmology patients (all ages) waiting to be seen by wait time 0 - ≤ 12 weeks. Denominator: The number of ophthalmology patients (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + > 12 weeks - ≤ 26 weeks + > 26 weeks - ≤ 39 weeks + > 39 weeks - ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Ophthalmology patients waiting to be seen •Age bands •Wait times
9	**Minimum Data Set MDS**	•Ophthalmology patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Oral Health Primary Dental Care

1	**KPI Title**	PC34A - Percentage of new Oral Health patients who commenced treatment within three months of scheduled oral health assessment
1a	**KPI Short Title**	
2	**KPI Description**	This is a calculation of the number of new Oral Health patients who had their first visit for active care within 3 months of scheduled assessment expressed as a proportion of the overall number of new patients who having had a scheduled Oral Health assessment had their first visit for active care within the reporting period, multiplied by 100. This metric relates to Oral Health patients who attended for scheduled assessment only. As the HSE's routine dental services are delivered in a planned way every patient who attends for unscheduled assessment is seeking emergency care and will require some treatment, even if that treatment consists of no more than reassurance or advice. In the majority of such cases the treatment is commenced, often completed, on the day of the unscheduled assessment, therefore these patients are not included in this metric.
3	**KPI Rationale**	This metric allows waiting time from scheduled oral health assessment to active care commencement to be monitored.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 90%.
4a	**Target Trajectory**	(CHO1) 90%, (CHO2) 90%, (CHO3) 90%, (CHO4) 90%, (CHO5) 90%, (CHO6) 90%, (CHO7) 90%, (CHO8) 90%, (CHO9) 90%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	The number of new Oral Health patients identified as needing active care as a result of scheduled Oral Health assessment who commenced that active care within three months of their scheduled assessment, in the reporting period, is divided by the total number of Oral Health patients identified as needing active care as a result of scheduled Oral Health assessment who commenced active care in the reporting period and multiplied by 100. Numerator: No. of new Oral Health patients needing active care as a result of scheduled Oral Health assessment who commenced active care within 3 months of scheduled assessment during the reporting period. Denominator: Total number of Oral Health patients needing active care as a result of scheduled Oral Health assessment who commenced active care during the reporting period x 100.
6	**Data Source**	Dental records, Principal Dental Surgeon, Chief Officer, National Business Information Unit (NBIU) Community Healthcare Team. The NBIU liaises with the National Oral Health Lead for validation purposes as necessary.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	N/A
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	New Oral Health patients commencing active care during the reporting period following scheduled oral health asessment including those commencing within three months of scheduled assessment.
9	**Minimum Data Set MDS**	New Oral Health patients commencing actice care during the reporting period following scheduled oral health assessment including those commencing within three months of scheduled assessment.
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (e.g. monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	Joseph Green, Assistant National Director, National Oral Health Lead - Operations
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Orthodontics

1	**KPI Title**	PC24 - % of Orthodontic Patients seen for assessment within 6 months
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of orthodontic patients (orthodontic referrals) seen for assessment within six months of referral expressed as a proportion of the overall number of orthodontic patients (orthodontic referrals) seen for assessment in the reporting period, multiplied by 100.
3	**KPI Rationale**	To monitor and reduce the length of time orthodontic patients wait for an assessment following referral.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target 22%.
4a	**Target Trajectory**	
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of orthodontic patients (orthodontic referrals) seen for assessment within six months (0 ≤ 6 months) of referral. Calculate the percentage by dividing this count by the total number of orthodontic patients seen for assessment in the reporting period and multiply by 100. Numerator: The number of orthodontic patients assessed within 6 months of referral during the reporting period. Denominator: Total number of orthodontic patients assessed within the reporting period x 100.
6	**Data Source**	Data is submitted by the Orthodontic Services to the Community Healthcare Team in the National Business Information Unit (NBIU). The NBIU liaises with the National Oral Health Lead for validation purposes as necessary.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation, Chief Executive Officer, Saolta Hospital Group
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Quarterly
8	**Tracer Conditions**	Orthodontic Patients seen for assessment during the reporting period including those seen within six months of referral.
9	**Minimum Data Set MDS**	Orthodontic patients seen for assessment during the reporting period including those seen within six months of referral.
10	**International Comparison**	No
11	**KPI Monitoring**	Quarterly
12	**KPI Reporting Frequency**	Quarterly
13	**KPI Report Period**	Quarterly current (data reported by the 10th of the month following the quarter)
14	**KPI Reporting Aggregation**	National / Regional - former HSE Region
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	Joseph Green, Assistant National Director, National Oral Health Lead - Operations
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Orthodontics

1	**KPI Title**	PC24A - No. of Orthodontic patients seen for assessment within 6 months
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a count of the number of orthodontic patients (orthodontic referrals) seen for assessment within six months of referral.
3	**KPI Rationale**	To monitor and reduce the length of time patients are waiting for an assessment following referral
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 574.
4a	**Target Trajectory**	
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	N/A
6	**Data Source**	Data is submitted by the Orthodontic Services to the Community Healthcare Team in the National Business Information Unit (NBIU). The NBIU liaises with the National Oral Health Lead for validation purposes as necessary.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation, Chief Executive Officer, Saolta Hospital Group
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Quarterly
8	**Tracer Conditions**	Orthodontic patients seen for assessment during the reporting period including those seen within six months of referral.
9	**Minimum Data Set MDS**	Orthodontic patients seen for assessment during the reporting period including those seen within six months of referral.
10	**International Comparison**	No
11	**KPI Monitoring**	Quarterly
12	**KPI Reporting Frequency**	Quarterly
13	**KPI Report Period**	Quarterly current (data reported by the 10th of the month following the quarter)
14	**KPI Reporting Aggregation**	National / Regional - former HSE Region
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	Joseph Green, Assistant National Director, National Oral Health Lead - Operations
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Orthodontics

#	Field	Content
1	**KPI Title**	PC31A - % of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than 4 years
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of orthodontic patients (grades 4 and 5) on the treatment waiting list waiting longer than 4 years for treatment expressed as a proportion of the overall number of orthodontic patients (grades 4 and 5) on the treatment waiting list at the end of the reporting period, multiplied by 100. The Modified Index of Treatment Need is used by the Orthodontic Services to establish cases that are eligible to receive treatment by the HSE Orthodontic Services. Grade 4 patients have severe degrees of irregularity that require treatment for health reasons, traumatic bites or functional problems. Patients waiting for growth to be completed are included. Grade 5 patients have very severe dental health problems, e.g. cleft lip & palate, upper front teeth that protrude more than 9mm, teeth cannot come into the mouth because of overcrowding, additional incisors or canines or any other cause. Patients waiting for growth to be completed are included. *Wait time is recorded as waiting: i) 1-6 months ii) 7-12 months iii) 13-24 months iv) 25-36 months v) 37-48 months vi) over 4 years (>48 months).
3	**KPI Rationale**	To monitor the number of orthodontic patients on the treatment waiting list and reduce the number waiting longer than four years for orthodontic treatment.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 Target - <6%
4a	**Target Trajectory**	
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Calculate the percentage of orthodontic patients (grades 4 and 5) on the treatment waiting list that are waiting longer than 4 years by dividing the number of orthodontic patients (grades 4 and 5) on the treatment waiting list waiting longer than 4 years (> 48 months) by the total number of orthodontic patients (grades 4 and 5) waiting at the end of the reporting period and multiplying by 100. Numerator: No. of orthodontic patients (grades 4 and 5) on the treatment waiting list waiting longer than four years (>48 months) at the end of the reporting period. Denominator: Total number of orthodontic patients (grades 4 and 5) on the treatment waiting list at the end of the reporting period x 100.
6	**Data Source**	Data is submitted by the Orthodontic Services to the Community Healthcare Team in the National Business Information Unit (NBIU). The NBIU liaises with the National Oral Health Lead for validation purposes as necessary.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation, Chief Executive Officer, Saolta Hospital Group
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Quarterly
8	**Tracer Conditions**	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting over four years (> 48 months)
9	**Minimum Data Set MDS**	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting over four years (> 48 months)
10	**International Comparison**	No
11	**KPI Monitoring**	Quarterly
12	**KPI Reporting Frequency**	Quarterly
13	**KPI Report Period**	Quarterly current (data reported by the 10th of the month following the quarter)
14	**KPI Reporting Aggregation**	National / Regional - former HSE Region
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	Joseph Green, Assistant National Director, National Oral Health Lead - Operations
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Physiotherapy

1	**KPI Title**	PC125 - No. of Physiotherapy Patients Seen
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a composite metric. It is the sum of the number of new physiotherapy patients seen for a first time assessment face to face or by telephone, video and audio conferencing in the reporting period and the number of physiotherapy patients treated (who had an intervention) in a face to face manner i.e. in person ('hands on') or by telephone, video and audio conferencing in the reporting period. New patients seen for a first time assessment include patients not previously known to the service and re-referred patients i.e. patients who have previously been discharged and present with an acute or new clinical need. Patients treated include all patients who had an intervention in the reporting period i.e. patients who had treatment / contact in a face to face manner i.e. in person ('hands on') or by telephone, video and audio conferencing in the reporting period on an individual or group basis.
3	**KPI Rationale**	This metric provides information on physiotherapy service activity and informs decisions in relation to the planning and management of staff and resource allocation.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 587,604.
4a	**Target Trajectory**	N/A
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of physiotherapy patients seen face to face or by telephone, video or audio conferencing for a first time assessment in the reporting month and add it to the number of physiotherapy patients who had an intervention i.e. patients who had treatment / contact in a face to face manner i.e. in person ('hands on') or by telephone, video or audio conferencing in the reporting month on an individual or group basis.
6	**Data Source**	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	• New physiotherapy patients seen • Physiotherapy patients treated (who had an intervention)
9	**Minimum Data Set MDS**	• New physiotherapy patients seen • Physiotherapy patients treated (who had an intervention)
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Physiotherapy

1	**KPI Title**	PC15B - % of new physiotherapy patients seen for assessment within 12 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new physiotherapy patients seen for assessment in the reporting period who were seen within 12 weeks of referral expressed as a proportion of the overall number of physiotherapy patients seen for assessment in the reporting period, multiplied by 100. First time assessment wait times include: • 0 ≤ 1 week, • > 1 week ≤ 4 weeks, • > 4 weeks ≤ 8 weeks, • >8 weeks ≤ 12 weeks, • > 12 weeks ≤ 26 weeks, • > 26 weeks ≤ 39 weeks, • > 39 weeks ≤ 52 weeks, • > 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor physiotherapy waiting lists and reduce wait times for patients.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 81%
4a	**Target Trajectory**	(CHO1) 81%, (CHO2) 81%, (CHO3) 81%, (CHO4) 81%, (CHO5) 81%, (CHO6) 81%, (CHO7) 81%, (CHO8) 81%, (CHO9) 81%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	The number of new physiotherapy patients seen for first time assessment in the reporting period who were seen within 12 weeks of referral is expressed as a proportion of the overall number of new physiotherapy patients seen for first time assessment in the reporting period, multiplied by 100. Numerator: Number of new physiotherapy patients seen for a first time assessment in the reporting period by first time assessment wait times 0 ≤ 1 weeks + >1 ≤ 4 weeks + >4 ≤ 8 weeks + >8 ≤ 12 weeks. Denominator: Total number of new physiotherapy patients seen for first time assessment in the reporting period by first time assessment wait times 0 ≤ 1 weeks+ > 1 ≤ 4 weeks + >4 ≤ 8 weeks + >8 ≤ 12 weeks + >12 weeks ≤ 26 weeks + >26 weeks ≤ 39 weeks + >39 weeks ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•New physiotherapy patients seen for assessment •First time assessment wait times
9	**Minimum Data Set MDS**	•New physiotherapy patients seen for assessment •First time assessment wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Report/ Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Physiotherapy

1	**KPI Title**	PC100G - % of physiotherapy patients on waiting list for assessment ≤ 52 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of physiotherapy patients (all age bands*) who are waiting ≤ 52 weeks to be seen by a physiotherapist expressed as a proportion of the overall number of physiotherapy patients (all age bands*) waiting to be seen (all waiting list wait times**) at the end of the reporting month, multiplied by 100. *Age bands include: • 0-4 years 11 months, • 5-17 years 11 months, • 18-64 years 11 months, • 65 years and greater. **Waiting List Wait Times include: • 0 ≤ 12 weeks (0-83 days) • > 12 ≤ 26 weeks (84-181 days) • >26 ≤ 39 weeks (182-272 days) • >39 ≤ 52 weeks (273-365 days) • >52 weeks.
3	**KPI Rationale**	This metric allows physiotherapy service waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 94%.
4a	**Target Trajectory**	(CHO1) 94%, (CHO2) 94%, (CHO3) 94%, (CHO4) 94%, (CHO5) 94%, (CHO6) 94%, (CHO7) 94%, (CHO8) 94%, (CHO9) 94%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of physiotherapy patients (all age bands*) on the assessment waiting list at the end of the reporting period by waiting list wait times 0 - ≤ 12 weeks + >12 weeks ≤ 26 weeks + >26 weeks ≤ 39 weeks + >39 weeks ≤ 52 weeks and express it as a proportion of the overall number of physiotherapy patients (all age bands*) on the assessment waiting list at the end of the reporting period by waiting list wait times 0 ≤ 12 weeks + >12 weeks ≤ 26 weeks + >26 weeks ≤ 39 weeks + >39 weeks ≤ 52 weeks + > 52 weeks and multiply by 100. Numerator: The number of physiotherapy patients (all ages) waiting to be seen by waiting list wait times 0 ≤ 12 weeks + >12 weeks ≤ 26 weeks + >26 weeks ≤ 39 weeks + >39 weeks ≤ 52 weeks. Denominator: The number of physiotherapy patients (all ages) waiting to be seen by waiting list wait times 0 ≤ 12 weeks + >12 weeks ≤ 26 weeks + >26 weeks ≤ 39 weeks + >39 weeks ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Physiotherapy patients waiting to be seen for assessment •Waiting list wait times
9	**Minimum Data Set MDS**	•Physiotherapy patients waiting to be seen for assessment •Waiting list wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Podiatry

1	**KPI Title**	PC127 - No. of Podiatry Patients Seen
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a composite metric. It is the sum of the number of existing podiatry patients seen face to face, by telephone, video and audio conferencing in the reporting month and the number of new podiatry patients seen face to face, by telephone, video audio conferencing in the reporting month. An existing patient is defined as a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments or group sessions. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-referred to the service. Each patient is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient or a new patient in the reporting month, not as both.
3	**KPI Rationale**	This metric provides information on podiatry service activity and informs decisions in relation to the planning and management of staff and resource allocation.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 85,866.
4a	**Target Trajectory**	N/A
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of existing podiatry patients seen in the reporting month and add it to the number of new podiatry patients seen in the reporting month. Each patient is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient or a new patient in the reporting month, not as both.
6	**Data Source**	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Existing podiatry patients seen • New podiatry patients seen
9	**Minimum Data Set MDS**	•Existing podiatry patients seen • New podiatry patients seen
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Podiatry

1	**KPI Title**	PC104G - % of podiatry patients on waiting list for treatment ≤ 52 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new podiatry patients (all age bands*) who are waiting ≤ 52 weeks to be seen by a podiatrist (either in an individual or in a group environment) expressed as a proportion of the overall number of podiatry patients (all wait times**) waiting for these services at the end of the reporting month, multiplied by 100. It includes all patients on the waiting list waiting ≤ 52 weeeks at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is the waiting time from referral date to treatment date that is reported. Opt in patients are included on the waiting list. If they do not respond within four weeks they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include:• 0 - ≤ 12 weeks • >12 weeks - ≤ 26 weeks • >26 weeks - ≤ 39 weeks • >39 weeks - ≤ 52 weeks • >52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor podiatry waiting lists and reduce wait times for patients.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 - 77%.
4a	**Target Trajectory**	(CHO1) 77%, (CHO2) 77%, (CHO3) 77%, (CHO4) 77%, (CHO5) 77%, (CHO6) 77%, (CHO7) 77%, (CHO8) 77%, (CHO9) 77%.
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of podiatry patients in all age bands* on the treatment waiting list at the end of the reporting period by wait time 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the total number of podiatry patients in all age bands* on the treatment waiting list at the end of the reporting period by wait times 0 - ≤ 12 weeks + > 12 weeks - ≤ 26 weeks + > 26 weeks - ≤ 39 weeks + > 39 weeks - ≤ 52 weeks + > 52 weeks and multiply by 100. Numerator: The number of podiatry patients (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks. Denominator: The number of podiatry patients (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + > 26 weeks - ≤ 39 weeks + > 39 weeks - ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Podiatry patients waiting to be seen •Age bands •Wait times
9	**Minimum Data Set MDS**	•Podiatry patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Podiatry

1	**KPI Title**	PC104M - % of podiatry patients on waiting list for treatment ≤ 12 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new podiatry patients (all age bands*) who are waiting ≤12 weeks to be seen by a podiatrist (either in an individual or in a group environment) expressed as a proportion of the overall number of podiatry patients (all wait times**) waiting for these services at the end of the reporting month, multiplied by 100. It includes all patients on the waiting list waiting ≤ 12 weeeks at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is the waiting time from referral date to treatment date that is reported. Opt in patients are included on the waiting list. If they do not respond within four weeks they are discharged and must be re-referred. This metric should not include patients overdue for review.*Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - ≤ 12 weeks • >12 weeks - ≤ 26 weeks • >26 weeks - ≤ 39 weeks • >39 weeks - ≤ 52 weeks • >52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor podiatry waiting lists and reduce wait times for patients.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 - 33%
4a	**Target Trajectory**	(CHO1) 33%, (CHO2) 33%, (CHO3) 33%, (CHO4) 33%, (CHO5) 33%, (CHO6) no direct service, (CHO7) no direct service, (CHO8) 33%, (CHO9) no direct service.
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of podiatry patients in all age bands* on the treatment waiting list at the end of the reporting period by wait time 0 - ≤ 12 weeks and express it as a proportion of the total number of podiatry patients in all age bands* on the treatment waiting list at the end of the reporting period by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of podiatry patients (all ages) waiting to be seen by wait time 0 - ≤ 12 weeks. Denominator: The number of podiatry patients (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + > 12 weeks - ≤ 26 weeks + > 26 weeks - ≤ 39 weeks + > 39 weeks - ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Podiatry patients waiting to be seen •Age bands •Wait times
9	**Minimum Data Set MDS**	•Podiatry patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Psychology

1	**KPI Title**	PC131 - No. of Psychology Patients Seen
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a composite metric. It is the sum of the number of existing psychology patient (client)s seen face to face, by telephone, video and audio conferencing in the reporting month and the number of new psychology patient (client)s seen face to face, by telephone, video and audio conferencing in the reporting month. An existing patient (client) is defined as a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments or group sessions. A new patient (client) is a patient that is seen for the first time in this episode of care. It includes patients (clients) re-referred to the service. Each patient (client) is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient (client) or a new patient (client) in the reporting month, not as both.
3	**KPI Rationale**	This metric provides information on psychology service activity and informs decisions in relation to the planning and management of staff and resource allocation.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 49,757.
4a	**Target Trajectory**	N/A
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of existing psychology patient (client)s seen and add it to the number of new psychology patient (client)s seen in the reporting month. Each patient (client) is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient (client) or a new patient (client) in the reporting month, not as both.
6	**Data Source**	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Existing psychology patient (client)s seen • New psychology patient (client)s seen
9	**Minimum Data Set MDS**	•Existing psychology patient (client)s seen • New psychology patient (client)s seen
10	**International Comparison**	N/A
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Psychology

1	**KPI Title**	PC103G - % of psychology patients on waiting list for treatment ≤ 52 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new psychology patient (client)s (all age bands*) who are waiting ≤ 52 weeks to be seen by a psychologist (either in an individual or in a group environment) expressed as a proportion of the overall number of psychology patient (client)s (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patient (client)s on the waiting list waiting ≤ 52 weeeks at the end of the reporting month. Patient (client)s are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient (client) to have been offered an appointment. Note the focus of this metric is on patient (client)s waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient (client) is assessed and must still wait for treatment it is the waiting time from referral date to treatment date that is reported. Opt in patient (client)s are included on the waiting list. If they do not respond within four weeks they are discharged and must be re-referred. This metric should not include patient (client)s overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - ≤ 12 weeks • >12 weeks - ≤ 26 weeks • >26 weeks - ≤ 39 weeks • >39 weeks - ≤ 52 weeks • >52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor psychology waiting lists and reduce wait times for patient (client)s.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021- 81%
4a	**Target Trajectory**	(CHO1) 81%, (CHO2) 81%, (CHO3) 81%, (CHO4) 81%, (CHO5) 81%, (CHO6) 81%, (CHO7) 81%, (CHO8) 81%, (CHO9) 81%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of psychology patient (client)s in all age bands* on the treatment waiting list at the end of the reporting period by wait time 0 - ≤12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the total number of psychology patient (client)s in all age bands* on the treatment waiting list at the end of the reporting period by wait times 0 - ≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of psychology patient (client)s (all ages) waiting to be seen by wait times 0 -≤ 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks. Denominator: The number of psychology patient (client)s (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + > 12 weeks - ≤ 26 weeks + > 26 weeks - ≤ 39 weeks + > 39 weeks - ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Patient (client) records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Psychology patient (client)s waiting to be seen •Age bands •Wait times
9	**Minimum Data Set MDS**	•Psychology patient (client)s waiting to be seen •Age bands •Wait times
10	**International Comparison**	N/A
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Psychology

#		
1	**KPI Title**	PC103M - % of psychology patients on waiting list for treatment ≤ 12 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of new psychology patient (client)s (all age bands*) who are waiting ≤12 weeks to be seen by a psychologist (either in an individual or in a group environment) expressed as a proportion of the overall number of psychology patient (client)s (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patient (client)s on the waiting list waiting ≤ 12 weeks at the end of the reporting month. Patient (client)s are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient (client) to have been offered an appointment. Note the focus of this metric is on patient (client)s waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient (client) is assessed and must still wait for treatment it is the waiting time from referral date to treatment date that is reported. Opt in patient (client)s are included on the waiting list. If they do not respond within four weeks they are discharged and must be re-referred. This metric should not include patient (client)s overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - ≤ 12 weeks • > 12 weeks - ≤ 26 weeks • > 26 weeks - ≤ 39 weeks • > 39 weeks - ≤ 52 weeks • > 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor psychology waiting lists and reduce wait times for patient (client)s.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 - 36%
4a	**Target Trajectory**	(CHO1) 36%, (CHO2) 36%, (CHO3) 36%, (CHO4) 36%, (CHO5) 36%, (CHO6) 36%, (CHO7) 36%, (CHO8) 36%, (CHO9) 36%.
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of psychology patient (client)s in all age bands* on the treatment waiting list at the end of the reporting period by wait time 0 - ≤ 12 weeks and express it as a proportion of the total number of psychology patient (client)s in all age bands* on the treatment waiting list at the end of the reporting period by wait times 0 - ≤ 12 weeks + > 12 weeks - ≤ 26 weeks + > 26 weeks - ≤ 39 weeks + > 39 weeks - ≤ 52 weeks + > 52 weeks and multiply by 100. Numerator: The number of psychology patient (client)s (all ages) waiting to be seen by wait time 0 - ≤ 12 weeks. Denominator: The number of psychology patient (client)s (all ages) waiting to be seen by wait times 0 - ≤ 12 weeks + > 12 weeks - ≤ 26 weeks + > 26 weeks - ≤ 39 weeks + > 39 weeks - ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Patient (client) records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	•Psychology patient (client)s waiting to be seen •Age bands •Wait times
9	**Minimum Data Set MDS**	•Psychology patient (client)s waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Speech & Language Therapy

#	Field	Value
1	**KPI Title**	PC126 - No. of Speech & Language Therapy Patients Seen
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a composite metric. It is the sum of the number of existing speech and language therapy (SLT) patients (clients) offered an appointment and seen face to face, by telephone, video and audio conferencing in the reporting month and the number of new SLT patients (clients) seen by telephone, video or audio conferencing for an initial assessment in the reporting month. An existing patient is defined as a client: who has already attended the service and is an open case; who attended for an individual appointment or a group session and for whom there was a client specific- face to face, telephone, video or audio conferencing contact in the reporting month, with the parent, carer, educator. A new client seen for initial assessment is a client that is seen by telephone, video or audio conferencing for an initial assessment in the reporting month and includes clients referred, re-referred (i.e. previously discharged) and may include clients transferred from another SLT service, geographic area or team. Each patient (client) is only included once in the count in the reporting period i.e. he / she is counted either as an existing patient (client) or a new patient (client) seen for initial assessment in the reporting month, not as both.
3	**KPI Rationale**	This metric provides information on SLT service activity and informs decisions in relation to the planning and management of staff and resource allocation.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 National Target - 282,312
4a	**Target Trajectory**	N/A
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of existing SLT patients (clients) offered an appointment and seen by telephone, video and audio conferencing in the reporting month and add it to the number of new SLT patients (clients) seen by telephone, video and audio conferencing for initial assessment in the reporting month.
6	**Data Source**	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	• Existing SLT patients (clients) offered an appointment and seen • SLT patients (clients) seen for initial assessment "
9	**Minimum Data Set MDS**	• Existing SLT patients (clients) offered an appointment and seen • SLT patients (clients) seen for initial assessment "
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	N/A
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Speech & Language Therapy

1	**KPI Title**	PC116B - % of speech and language therapy patients on waiting list for assessment ≤ 52 weeks
1a	**KPI Short Title**	N/A
2	**KPI Description**	This is a calculation of the number of speech and language therapy (SLT) patients (clients) (all age bands*) on the waiting list for initial assessment by a speech and language therapist who are waiting ≤ 52 weeks for this assessment expressed as a proportion of the overall number of patients (clients) (all age bands*) waiting (all wait times**) for SLT initial assessment, multiplied by 100. Clients are only removed from the waiting list when they have been seen for a first appointment. It is not sufficient for a client to have been offered an appointment date. *Age bands include: • 0-4 years 11 months • 5 years to 17 years 11 months • 18 years to 64 years 11 months • 65+ years.**Wait Times include: • 0 to 4 months • 4 months &1 day to 8 months • 8 months &1 day to 12 months • 12 months &1 day to 18 months • 18 months &1 day to 24 months • >24 months.
3	**KPI Rationale**	This metric allows waiting lists and times for initial SLT assessment to be monitored in order to address waiting times for clients.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 - 100%
4a	**Target Trajectory**	(CHO1) 100%, (CHO2) 100%, (CHO3) 100%, (CHO4) 100%, (CHO5) 100%, (CHO6) 100%, (CHO7) 100%, (CHO8) 100%, (CHO9) 100%.
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of SLT clients (all age bands*) waiting for initial SLT assessment by wait times: 0-4 months +4 months & 1 day -8 months + 8 months & 1 day -12 months and express it as a proportion of the total number of clients (all age bands*) waiting for initial SLT assessment by wait times: 0-4 months + 4 months & 1 day-8 months + 8 months & 1 day -12 months + 12 months & 1 day-18 months + 18 months & 1 day -24 months + >24 months and multiply by 100. Numerator: The number of clients (all ages) waiting for initial SLT assessment by wait times 0-4 months + 4 months & 1 day -8 months + 8 months & 1 day -12 months. Denominator: The number of clients (all ages) waiting for initial SLT assessment by wait times 0-4 months + 4 months & 1 day -8 months + 8 months &1 day -12 months + 12 months & 1 day -18 months + 18 months &1 day -24 months + >24 months x 100.
6	**Data Source**	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	• Clients on the waiting list for initial SLT assessment • Wait times
9	**Minimum Data Set MDS**	• Clients on the waiting list for initial SLT assessment • Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive

Speech & Language Therapy

1	**KPI Title**	PC117B - % of speech and language therapy patients on waiting list for treatment ≤ 52 weeks
1a	**KPI Short Title**	N/A

2	**KPI Description**	This is a calculation of the number of speech and language therapy (SLT) patients (clients) (all ages*) on the waiting list for initial treatment by a speech and language therapist who are waiting ≤ 52 weeks for this treatment expressed as a proportion of the overall number of patients (clients) (all ages*) waiting (all wait times**) for SLT initial treatment, multiplied by 100. Clients are only removed from the treatment waiting list when they have been seen for a first therapy appointment, it is not sufficient for a client to have been offered an appointment. *Age bands include: • 0-4 years 11 months • 5 years to 17 years 11 months •18 years to 64 years 11 months • 65+years. **Wait Times include: • 0 to 4 months • 4 months &1 day to 8 months • 8 months &1 day to 12 months • 12 months &1 day to 18 months • 18 months &1 day to 24 months • >24 months.
3	**KPI Rationale**	This metric allows waiting lists and times for initial treatment to be monitored in order to address waiting times for clients.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2021 - 100%.
4a	**Target Trajectory**	(CHO 1) 100%, (CHO 2) 100%, (CHO 3) 100%, (CHO 4) 100%, (CHO 5) 100%, (CHO 6) 100%, (CHO 7) 100%, (CHO 8) 100%, (CHO 9) 100%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of clients (all age bands*) waiting for initial SLT treatment by wait time: 0-4months + 4 months &1 day-8mths + 8 months & 1 day -12months and express it as a proportion of the overall number of clients (all age bands*) waiting for initial SLT treatment by wait times: 0-4months + 4 months & 1 day-8mths + 8 months & 1 day -12mths + 12 months & 1 day -18mths +18 months & 1 day -24months + >24months and multiply by 100. Numerator: The number of clients (all ages) waiting for initial SLT treatment by wait times 0-4months + 4 months & 1 day-8mths + 8 months & 1 day -12months. Denominator: The total number of clients (all ages) waiting for initial SLT treatment by wait times 0-4months + 4 months & 1 day-8mths + 8 months & 1 day -12 months+ 12 months &1 day -18months +18 months & 1 day -24months + >24months x 100.
6	**Data Source**	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and National Business Information Unit (NBIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	No
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	• Clients on the waiting list for initial SLT treatment • Wait times"
9	**Minimum Data Set MDS**	• Clients on the waiting list for initial SLT treatment • Wait times"
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Monthly current (data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Profile / Management Data Report / Annual Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	N/A
	KPI owner/lead for implementation	TJ Dunford, Head of Operations Primary Care, Community Operations, Health Service Executive
	NBIU Data Support	Geraldine Littler, Data Analyst, Primary Care Services, 087 7122414 Email:geraldine.littler@hse.ie
	Governance/sign off	Yvonne O'Neill, National Director Community Operations, Health Service Executive